

<h1 style="margin: 0;">FEE TRANSMITTAL</h1>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/316,199-Conf. #7506
		Filing Date	May 21, 1999
		First Named Inventor	Michael J. McCluskie
		Examiner Name	I. Popa
		Art Unit	1633
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 150.00		Attorney Docket No.	C1040.70006US00

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of _____ <input checked="" type="checkbox"/> Credit any overpayments _____	
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.</b>	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	380	190	620	310	250	125	_____
Design	250	125	120	60	160	80	_____
Plant	250	125	380	190	200	100	_____
Reissue	380	190	620	310	750	375	_____
Provisional	250	125	0	0	0	0	_____
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							60
Each independent claim over 3 (including Reissues)							250
Multiple dependent claims							450
							225
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
_____		_____		_____		_____	
HP = highest number of total claims paid for, if greater than 20							
<b>Indep. Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
_____		_____		_____		_____	
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____	_____	_____		_____	_____		
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): 1251 Extension for response within first month							150.00

<b>SUBMITTED BY</b>			
Signature	/Maria A. Trevisan/	Registration No (Attorney/Agent)	48,207
Name (Print/Type)	Maria A. Trevisan	Telephone	617.646.8000
		Date	December 21, 2011

<b>Certificate of Electronic Filing Under 37 CFR 1.8</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).	
Date: December 21, 2011	Electronic Signature for Nicole Milette Lapomardo: /Nicole Milette Lapomardo/